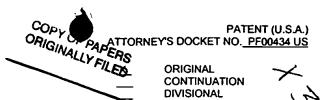
Express Mail No.



DECLARATION



As a below named inventor, I dectage that the promation given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor are named below at 1-2, of the invention entitled:

IMPLANTABLE SENSOR FLUSH SLEEVE

		IMPLAN	HABLE SENSOR	FLUSH SLEEVE		
Which	is described and claimed in:					
	the attached spe		- 40/024740	filed December 27	2001	
	X the specification as amended on	in application Serial N	0. <u>10/034,/40</u>	filed <u>December 27.</u>	2001	
and fo	r which a patent is sought, and	that my residence, pos	st office address and cit	izenship are as stated b	elow next to my name.	
	owledge my duty to disclose inf ations §1.56(a).	ormation which is mate	erial to the examination	of this application in acc	cordance with Title 37, Code of Federal	
	by state that I have reviewed an iment referred to above.	d understand the cont	ents of the above identi	fied specification, includ	ing the claims, as amended by any	
l heret and ha	ive also identified below any for	under Title 35, United reign application for pa	States Code, §119 of a stent or inventor's certific	iny foreign application(s cate having a filing date) for patent or inventor's certificate listed below before that of the application on which priority	
	R FOREIGN CATION(S)					
					PRIORITY	
COUNTRY APPLICATION NUMBER		DATE OF FILING Month Day Year		CLAIMED UNDER 35 U.S.C. 119		
					YES NO	
	en the filing date of the prior ap		(Filing Date)		(Status)	
	Cand carrage and an	na ta:	-	NDECT TELEDUA	NE CALLS TO:	
Send correspondence to: MEDTRONIC MINIMED, INC.			DIRECT TELEPHONE CALLS TO: Paul H. Kovelman			
18000 Devonshire Street				(818) 576-5313		
	Northridge, CA 9132		•			
	LAST NAME	FIRST NAME	MIDDLE NAME	Residence:		
	CAST TAME	1 INOT NAME	I WINDOLL IVANIL	CITY	STATE or COUNTRY	
1	ENEGREN	BRADLEY	J.	MOORPARK	CALIFORNIA	
	Post Office Address 11253 BENTCREEK ROAD,	MOORPARK, CA 930	021		CITIZENSHIP US	
	LAST NAME	FIRST NAME	MIDDLE NAME	Residence:		
2	KOLOPP	MARIANNE	A.	CITY VALENCIA	STATE or COUNTRY CALIFORNIA	
_	Post Office Address	IIII	<u> </u>	- VALLITORY	CITIZENSHIP	
	24712 AVIGNON DRIVE, VA	LENCIA, CA 91355			FRANCE	
true; a imprise	nd further that these statement	s were made with the k 1001 of Title 18 of the	knowledge that willful fal	ise statements and the li	le on information and belief are believed to be ike so made are punishable by fine or statements may jeopardize the validity of the	
SIGNATURE OF INVENTOR 2 SIGNATURE OF INVENTOR 2						
DAT	E 01/22/201	411	DAT	E 01/92/	09	